



STATE BOARD OF EXAMINERS FOR
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Budget No.: ZZ117
Fund No. 158

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Physical Address
Mail not delivered to this address
8407 Wall Street, S-420
Austin, Texas 78754

Mailing address - documentation
accompanied by a fee (include budget
and fund numbers)
P.O. Box 12197
Capitol Station
Austin, Texas 78711-2197

FITTING AND DISPENSING OF HEARING INSTRUMENTS
REGISTRATION FORM

Audiologists and interns in audiology who wish to fit and dispense hearing instruments under Texas Occupations Code, Chapter 401, must first register his or her intent with this board. Complete this form and return it with a \$20.00 fee.* Once the form and fee have been received and accepted by the board, a certificate of registration shall be mailed. If the audiology or intern in audiology license has not been issued, indicate **Appending@** on the form where the license number is requested. **NOTE: This registration will not be issued until the audiology or intern in audiology license is issued.**

Name/Social Security Number: _____ # _____

Address: _____

Audiology/Intern in Audiology License Number: _____ Expiration Date of License: _____

I am licensed as an audiologist or intern in audiology under Texas Occupations Code, Chapter 401 and its subsequent amendments and, hereby, declare my intent to fit and dispense hearing instruments. I shall adhere to the requirements of the Act and the rules adopted by the State Board of Examiners for Speech-Language Pathology and Audiology and comply with the federal Food and Drug Administration guidelines required for the fitting and dispensing of hearing instruments.

I also understand that, upon receipt of this completed form and the registration fee, the State Board of Examiners for Speech-Language Pathology and Audiology shall issue me a certificate of registration which is valid from the date of issue to the next expiration date of my license or as indicated on the registration.

(Signature of Licensee)

(Must be signed and dated in presence of notary)

(Date Signed)

THE STATE OF TEXAS ()
 ()
COUNTY OF _____ ()

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me (or introduced to me by _____) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, _____ A.D.

(Signature of Notary)

(Date Commission Expires)

Affix Notary Seal